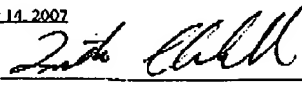
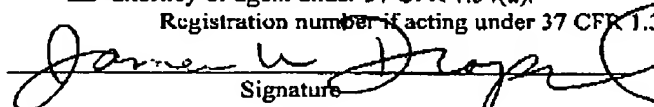


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|---|-----------|---|--|---|----------|--|-----------|--|----------|---|----------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number: 043978-077000 | | | | | | | | | | | |
| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.89(a)] | | In re Application of: Cristofalo, et al. | | | | | | | | | | | |
| I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300. | | Application Number: 09/834,500 Filed: April 12, 2001 | | | | | | | | | | | |
| December 14, 2007 Date | | For: SYSTEM AND METHOD FOR TARGETING OBJECT ORIENTED AUDIO AND VIDEO CONTENT TO USERS | | | | | | | | | | | |
| Signature:  | | Group Art Unit: 3622 Examiner: Lastra, Daniel | | | | | | | | | | | |
| Name: Linda Clinkenbeard | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)</td><td>\$ 460.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,115/\$2,230)</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3557</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>16,242</u>.</p> <p> December 14, 2007 Signature Date</p> <p>James W. Drapinski, 415 984-8200 Typed or printed name Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p> | | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) | \$ 460.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,115/\$2,230) | \$ _____ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ _____ | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) | \$ 460.00 | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) | \$ _____ | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) | \$ _____ | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,115/\$2,230) | \$ _____ | | | | | | | | | | | | |

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